									АРР	HICATIO:	ת סבה	ocket Nur	nber
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								<u> </u>		10	21	789	7
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
Ľ	OTAL CLAIM	\$ 	20					RATE		FEE	7	RATE	FEE
F	OR		NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC F	€E 3	85.00	OR	BASIC FEE	770.00
T	OTAL CHARGE	EABLE CLAIMS	20 m	20 minus 20=		· D		X\$ 9:	:		OR	X\$18=	
1	DEPENDENT		4 minus 3 = 1					X43=			OR	X86=	86
Ľ	ULTIPLE DEPE	NDENT CLAIM I	RESENT					+145=			OR	+290=	
•:	*. If the difference in column 1 is less than zero, enter "0" in column 2								+		OR	TOTAL	856
CLAIMS AS AMENDED - PART II											10	OTHER	
_		ໝ 2)	(Column 3)		SMAL	LEN	ΠΤΥ	OR	SMALL				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID 6	BER	PRESENT EXTRA		RATE	TIC	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE
	Total	1.20	Minus	-2	0	= 0		X\$ 9=			OR	X\$18=	
AME	Independent	ENTATION OF M	Minus	(<u>/</u>	1-17		X43=	T	7	OR	X86=	7
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1	/	OR	+290=	
								TOTA			OR	TOTAL	
	7/14/h/ (Column 1) (Column 2) (Column 3)											7	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
	Total	. 5	Minus	- 2	2_	= 0		X\$ 9=		-	OR	X\$18=	0
	Independent	PRESENTATION OF MULTIPLE DEPENDENT CLAIM					X43=	1		OR	X86=	0	
THE PERSON OF MUCHIPLE DEPENDENT CLAIM								+145=			OR	+290=	
											OR ,	TOTAL ODIT, FEE	0
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	USLY	PRESENT EXTRA	ſ	RATE	TIO	DDI- NAL EE		RATE	ADDI- TIONAL FEE
	Total		Minus	a nter		. .		X\$ 9=			OR	X\$18=	
AME	Independent	*	Minus	***		•		X43=			OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1-		1		
• 11	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." 										ОЯ	+290=	
	the "Highest Nur the "Highest Nur	nber Previously Pa mber Previously Pa	d For IN THIS id For IN THIS	SPACE IS I	ess than less than	20, enter "20." 3. enter "3."		TOTAL DOIT. FEE	<u></u>			DOIT, FEE	
T	he "Highest Num	ber Previously Paid	For" (Total or	Independen	l) is the i	nighest number	found	d in the ap	propri	ate box	in col ui	mn 1.	1